

Montana Board of Nursing Newsletter

Volume 13 Number 1

March 2002

Board Corner

By Vickie Badgley LPN

The evolution of nursing in Montana has been so apparent to me in the four years I have been on the Board. Ever so subtle, the minutia of rule review progresses us forward. Those forward motions also come in the form of declaratory rulings and position statements. Constant rule review is sometimes slow, often word by word work, that can leave committee members feeling like they have been at the dentist all day. The process slows even more going through legislation. The Education and the Prescriptive Authority Committees both reviewed their rules recently with much help from all interested parties. All this work is well worth the efforts, because the rules are what guide the Board in their decision making. I am proud of the Board and all the hard work they do. Please visit some of our meetings, we always appreciate input from all who attend.

I want to thank the board for sending me to the recent Federation of Association of Regulatory Boards Forum 2002 for 4 days of excellent training. The meeting had various representatives from various boards across the United States. Dale Atkinson and other highly qualified presenters led us through topics of concern to regulatory boards. Of interest were a model practice act (experts say most states have outdated practice acts), model code of ethics, and 18 others related to regulation. Montana seems to be ahead in some areas and behind in others. I hope that our board can address these in the future.

Recent Board Actions

October 2001

- Adopted rules requiring that the qualifications for the Executive Director position include at least 3 years of clinical nursing practice
- Repealed rules that placed gastrostomy tube feedings in the realm of delegated tasks. The last legislative session decided that gastrostomy and jejunostomy tube feedings are considered activities of daily living in settings other than facilities that provide skilled care.
- Supported the position statement of the NCSBN which allows CRNAs to continue to function independently in Montana

- **Determined it is within the scope of an RN to use chemical treatment for the destruction of warts under the supervision of a physician or an APRN. The RN will be expected to attain and maintain competency in this procedure. The procedure is not within the scope of the LPN.**
- **Determined that the adequately trained and competent CNA can perform fingerstick blood sugar testing**
- **Agreed that it is acceptable for the nurse to monitor a Dobutamine stress test if the nurse is adequately trained, competent and maintains competence**
- **Agreed that the administration of medications must be done by a licensed person. Nebulizers are classified as a medication, and therefore can not be done by an unlicensed person, unless the rules of delegation are employed. Assisting the physician with minor surgeries, ear lavage and calling in prescription orders for the physician are acceptable for the unlicensed person to do.**
- **Rejected the proposed expansion for Miles Community College AD nursing program in conjunction with the MT Health Network.**
- **Accepted the plan of transition to Associate of Applied Science degree from Missoula College of Technology**
- **Determined that it is within the scope of practice of a nurse to perform non-ablative laser therapy and intense pulsed light source procedures with a physician order**
- **Adopted a joint position paper with the Boards of Pharmacy and Medical Examiners detailing the nurse's role in providing medications in the Emergency Room after business hours or when a local pharmacy is closed.**

January 2002

- **Adopted a series of frequently asked questions and answers to be available in hard copy or on the Board web site**
- **Determined that the CRNA must hold prescriptive authority to practice. Rules will be changed to reflect this.**
- **Decided to review all LPN IV rules and determine if any changes are needed**
- **Drafted language to limit the time an application may remain active with the Board office to one year**
- **Adopted a new position statement on fracture reduction by APRNs**

For specific information about any of the Board actions or for a copy of the meeting minutes, please contact the Board office or refer to the Board web site.

BOARD MEMBERS

Jack Burke, RN MS, President, Missoula
Sharon Dschaak, LPN, Secretary, Wolf Point
Vickie Badgely, LPN, Stevensville
Lorena Erickson, Public Member, Corvallis
Rita Harding, RN MN, Billings
Gretchen McNeely, RN DNSc, Bozeman
Kim Powell, RN, MSN, Missoula
Steven Rice, Public Member, Miles City
Jeanine Thomas, LPN, Ronan

BOARD STAFF

Barbara Swehla, RN MN, Executive Director
Jill Caldwell, RN MSN, Nursing Practice Manager
Joan Bowers, Compliance Specialist
Jean Purus, Licensing Technician
Sarah Olsen, Licensing Technician
Lori Ballinger, Department Counsel
Jim Santoro, Board Counsel
Ron Burns, Investigator

Board Meeting Dates

April 23,24,25,2002
July, 23,24,25,2002
October, 8,9,10, 2002

Board of Nursing meetings are held in the fourth floor conference room of the Federal Building, 301 South Park Avenue in Helena. Most of the Board and Committee meetings are open to the public. Agendas are posted on the Board web site,

<http://discoveringmontana.com/dli/nur>

You may also obtain an agenda from the Board office. The Board encourages you to attend meetings and observe the process of nursing regulation in Montana.

Name Badge Reminder

The Board continues to receive telephone calls and correspondence from individuals who are concerned about wearing name badges. The Board of Nursing spent more than two years discussing and researching the issue before the rule was final. Several articles were published in this newsletter, and an administrative rule hearing was noticed and held. In all of the research and testimony, the Board received no information that linked violence to the name badge. The anecdotal stories are plentiful, but they have not been supported by evidence. The Board of Nursing still believes

the public has the right to know the name and credentials of the nurses charged with the public's nursing care.

Covering one's name badge with tape, stickers or any other obstruction is unacceptable. Likewise, turning the name badge over is unacceptable. A name embroidered on a lab coat is an acceptable form of identification if it meets the size and font requirements.

Many nurses are complying with the rule, and the Board thanks those nurses who recognize the importance of wearing a name badge. A recent report from the Department of Corrections showed that all nurses at the prison were appropriately identified.

The Scope of Nursing Practice

The Nursing Practice and Credentials Committee has been working on a set of typical practice questions and answers for the Board web site. Nurses, administrators and the public have brought these questions to the Committee over the past several years. The document is finished and available on the web site, or by calling the Board office. This compilation will be updated as the Committee makes new decisions on nursing practice. Many other questions can be answered by reviewing laws, rules and declaratory rulings. They also are available on the Board website at: <http://discoveringmontana.com/dli/nur>

Stacey Sherwin RN Chosen as Item Writer for NCLEX Exam

The Examination Committee of the National Council of State Boards of Nursing chose **Stacey Sherwin** of Ronan as an Item Writer Panel Member for the January 2002 session in Chicago. Ms. Sherwin has taught nursing for 12 years; the past 9 years she has been at Salish Kootenai College. Her specialties are pediatrics and critical care. This is the third time Ms. Sherwin has served on the NCLEX panel. Although she acknowledges that the panel work requires a commitment of both time and mental energy, she describes the experience as "fun", and she encourages other nurses to volunteer.

The NCLEX® examinations (NCLEX-RN® examination and NCLEX-PN® examination) are developed by hundreds of nursing professionals and testing specialists. There are three different panels:

- Item Writers - nurses that write the test questions with the assistance of the test service
- Item Reviewers - nurses that review the test questions and answers submitted by the item writers
- Panel of Judges - nurses that recommend the passing standard to the Board of Directors

By participating as an NCLEX® examination item writer, item reviewer, or panel judge, you will:

- Receive over 30 contact hours
- Have all of your expenses paid (airfare, airport transportation, hotel, and meals)
- Have an excellent addition to your resume/curriculum vitae
- Have an opportunity to network with other nurses from across the country
- Promote excellence in nursing
- Learn how the nurse licensure examinations are developed and have input in the process

The sessions are ongoing year round and last an average of three to five days. The item development panels are assembled one to two months before the session is to take place. Your application will remain active for two years from the date of approval.

The qualifications for each panel are listed at the end of the application on the National Council web site. Essentially, in order to qualify, you must either work in a clinical setting with newly licensed nurses OR you must be a faculty member. For more information, log on to www.ncsbn.org.

Stipulations and Final Orders

Francine Hawley	RN 16800	Hays MT	Probation 2 yrs.
James Nunneley	LPN 9045	Bozeman MT	Suspended
Mary Claire McDonnell	RN 26565	Powell WY	Probation 3 yrs. NAP
Sherrie Bruch	LPN 8244	Kila MT	Suspended
Jill Eaton	LPN 3545	Lakeside AZ	Probation 3 years
Denise Willett	RN 9014	Billings MT	Suspended

***Names and license numbers are published as a means of protecting the public safety, health and welfare. Only Final Orders, which are public information, are published in this newsletter. Pending action against any licensee is not published. Please advise the Board office if any of the above nurses is working outside his/her licensure capacity.**

****Those licensees with Nurses Assistance Program (NAP) listed have been placed on NAP through the formal Board process. Licensee names and information on the Voluntary Track of NAP are confidential, and this information is not available to the public.**

NAP NEWS

We all have stress in our daily lives; it's part of living in the twenty-first century. Following September 11th, we all experienced a new kind of stress, one for which we were unprepared, and one for which we had no reference point. Many people found themselves responding to stress in new ways, and many people found themselves reacting to other stresses in their lives in much different ways than they had in the past. Some people found an inner strength and were motivated to donate blood, to gather contributions, or to travel to Ground Zero to volunteer. Others found themselves facing old dependencies, which were not helpful. The NAP has seen an increase in relapses since September 11th, and this mirrors a nationwide phenomenon.

If you are experiencing increased stress which affects your daily routine, please seek assistance. This is a difficult time in our country, and our leaders have warned us that a resolution will not be quick and easy. As nurses, we are inclined to take care of others at the expense of caring for ourselves. Take time to care for yourself, both physically and emotionally. If you are experiencing problems with drugs and/or alcohol, you can contact the NAP program and remain anonymous. The NAP will assist you in a treatment and monitoring plan that will allow you to continue working while you recover. For questions and/or confidential assistance from the NAP, please call (406) 251-4210 or email the NAP at napmt@aol.com.

Family Nurse Practitioner Role

Both the Nursing Practice and Credentials Committee and the Prescriptive Authority Committee have discussed the role of the Family Nurse Practitioner. An increasing number of FNP's are seeking employment in specialized positions. One of these expanded roles has been in the area of psychiatry.

A generalist, primary care nurse practitioner may receive approval for subspecialty practice under the following conditions:

- The NP provides proof of current competency via training, CE, certification and experience or
- The NP provides a plan to achieve competency. This may include preceptorship, collaborative practice arrangement with oversight, acquisition of appropriate CE and additional training.

A subcommittee of the Board is currently working on clearly defining the scope of practice for all APRNs. Watch this newsletter for the group's progress.

Prescriptive Authority Update

As you know, Prescriptive Authority will be renewed at the end of this year. Please plan ahead. To renew your prescriptive authority, you will need proof of a minimum of six continuing education units in pharmacology or pharmacology management. The CEUs may be taken at any time between 1/1/01 and the date you renew. At least two CEUs must be in face to face course work. The other four may be journal articles, electronic classes or video tapes. The majority of the classes must concern the study of pharmaceutical medications and not herbal therapies. If you have any questions about a particular course, contact the Board office.

Initiating Complaints With The Board Of Nursing **By Lori Ballinger**

In making a report to the Board, there are several factors the individual should keep in mind to assist the Panel in making an objective determination. The Screening Panel of the Montana Board of Nursing meets about every six weeks to consider complaints. It is the responsibility of the Panel to determine whether the allegations made constitute a violation of the Nurse Practice Act. All nurses in Montana are required to report to the Board any information known to them regarding any possible violation of the statutes and rules related to nursing. The Board dismisses over a third of the complaints made without further action.

The complaint form is available, and can be downloaded, from the Board's web site. The form requests that the information be in typewritten form. The Screening Panel considers up to 30 complaints and responses at a meeting and handwritten documents can be difficult to read. The form itself is self-explanatory.

Please complete all sections with as much detail as possible. Unless the Screening Panel determines that an investigation is necessary, this is the only opportunity you have to present the facts. Many times the Screening Panel dismisses a complaint because there is insufficient information to determine if a violation of law or rule has occurred. Include the names of patients and witnesses, as well as the name of the facility. Be specific as to dates and times. Montana law, and the recent HIPAA legislation, authorizes the Board to receive patient information for the purposes of investigating complaints of professional misconduct. The Board is required to keep the information provided confidential.

Finally, the only duty of the panel is to determine whether the licensee has violated any statute or rule governing the profession. Many matters come before the Panel that do not rise to the level of a violation of the Nurse

Practice Act. But, that is a determination for the Panel to make. Each nurse is responsible to the profession to report any activities that may be a possible violation of the law.

Message from the Executive Director

e-commerce

I want to thank you for your support in trying the new online renewal process during the recent renewal season. We had a 15% adoption rate, which was three times that expected. Since we had limited opportunity to market the new program, this adoption rate was excellent! Now, to add to that new service, anyone can log on to the website: www.discoveringmontana.com and look up licensee information that is allowable for public disclosure. Certain information about that licensee is required in order to perform the query. Measures have been taken to minimize the chance of getting the desired information on the wrong licensee. Many employers are using that service already and we hope the trend continues. We plan to be ready in the fall to allow APRNs to renew online with an affidavit process for continuing education validation for those APRNs with prescriptive authority. More information will be available in the Fall Newsletter as well as on our website.

Nursing Education

During the past few years, the Education Committee has met with nursing education directors to share ideas, develop goals, and revise rules relating to the approval of nursing education programs. The current rules are going through a significant transformation and if they are ready, a rule change hearing should be scheduled sometime this spring. The Board is trying to work with programs in an effort to increase consistency with requirements set forth by national accrediting bodies, such as NLNAC and CCNE.

The Board recently decided that it would not renew its status as a nursing program accrediting body through the U.S. Department of Education. However, the board will continue its approval process for entry level nursing programs in Montana. Whether or not programs will be required to obtain national accreditation, if they do not already have it, will be determined at the outcome of the rules change hearing and final board decision.

The efforts of the nursing programs and our board's Education Committee have been exemplary and represent our ongoing effort to promote collaborative relationships. It has been a pleasure to work with directors and faculty of our state's nursing programs, and as always, the board's

Education Committee has worked very hard and encouraged open dialogue in order to evaluate and improve our processes.

My best wishes for a great new year in 2002! Please don't hesitate to call our office if you have any questions or concerns.

Reporting Nurse Practice Act Violations/Potential Violations
By Barbara Swehla, Executive Director

A Nurse's Responsibility

In Montana, we have a mandatory reporting law for licensed professionals. That law requires that the licensee submit a report to the Board of Nursing when he/she becomes aware of a possible or actual violation of the nursing laws and rules. While this may be easy to say, it is not necessarily easy to do. People often assume that the chief nursing officer is responsible for reporting practice violations. Yet, in Montana, all nursing licensees are required to report such information to the Board.

The Board is guided by strict legal requirements and ensures that licensees are afforded due process. The burden of proof is on the Board, not the person filing the report. Because the Board must address that report in a judicious manner, sufficient information is extremely important and helpful. I have included some guidelines for reporting a possible violation. These guidelines chiefly pertain to nurses in leadership positions, but are not exclusive to those nurses.

Positive Drug Screen – Random and For Cause: Submit the laboratory report itself and the chain of custody form, along with all of the supporting documentation. If the screen was performed for cause, include the documentation that formed the basis of the "cause" decision.

Suspected Narcotic Theft: If an audit of patient medical records or other narcotic records has revealed errors in charting and/or administration of controlled drugs, it is necessary to submit the specific records for every suspected occasion found. For example, submit the physician's orders, the MAR, relevant nurses' notes, and narcotic sign-out records.

False Documentation: Provide redacted (patient identifiers blacked out) copies of the falsified document and any supporting documents that would indicate the expected information versus the actual documented information.

Patient Neglect and/or Abuse: If you have witnessed a licensed nurse mistreating a patient, family member, or others in the performance of his/her duties, report this to your immediate supervisor, but don't assume

that the supervisor or organizational leadership will report it to the Board. If such behaviors or actions are allowed to continue, you must report it to the Board.

Practice Problems Resulting in Termination: If a nurse has been terminated because of practice issues, regardless of permanent or temporary hire status, documents that supported that decision should be submitted with the report to the Board.

Because the Board's legislative mandate is to protect the public, it is important that the public can rely on proper licensing procedures and appropriate and timely discipline. However, since most complaints are closed, only those issues of a serious nature typically result in discipline. The Board makes a concerted effort to allow a nurse with discipline to continue practice, so that licensees are not taken away from the already limited pool of qualified nurses to care for Montana citizens.

**Department of Labor & Industry – Business Standards Division & the Board
of Nursing Offer On-line Query Capability for
Business and Occupational & Health Care Licensing**

Verifying a licensee's status and credentials is available on-line. While you may still obtain this information by calling the Board office, the on-line function may be quicker in some cases. The on-line search is accessible 24 hours a day, 7 days a week.

The site is <http://app.discoveringmontana.com/bsdinq/index.html>.

The nursing profession has more active licensees than any other board in Montana, and the Board of Nursing was anxious to be a trendsetter in this new electronic advantage. For more information, visit our web site at:
<http://discoveringmontana.com/dli/nur>